## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

| Schedule E)   | FOR SE OF FORM 24/48  |
|---|---|
| NAME OF COMMITTEE (In Full)   | FEC IDENTIFICATION NUMBER ▼   |
| NEW LEADERSHIP FOR OHIO   | C C00586867   |
|   | J -1.00.00.   |
| Check if 24-hour report X 48-hour report New report Amends report   | filed on Mam / Dab / Yayayay  |
| Full Name of Payee Old Towne Media  | Date of Public Distribution/Dissemination                           |
|   | 02 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
| Mailing Address PO Box 31150  | Amount  |
| City State Zip Code   | 21479.00  |
| Alexandria VA 22310   | Transaction ID : WFT2016119827-1 Date of Disbursement or Obligation |
| Purpose of Expenditure Television Advertisement  Category/ Type   | 01 / 21 / 2016  |
|   | Office Sought: House District:                                      |
| Sittenfeld PG Oppose  | President State: OH   |
|   | Disbursement For:   |
| Full Name of Payee  | Date of Public Distribution/Dissemination                           |
| Old Towne Media   | 02 24 2016  |
| Mailing Address PO Box 31150  | Amount  |
| City State Zip Code   | 21479.00  |
| Alexandria VA 22310   | Transaction ID : WFT2016119830-1 Date of Disbursement or Obligation |
| Purpose of Expenditure Television Advertisement  Category/ Type   | 01 21 2016  |
|   | Office Sought: House District:                                      |
| Strickland Ted Oppose   | President State: OH   |
|   | Disbursement For:   |
|   |   |
| (a) SUBTOTAL of Itemized Independent Expenditures   | 42958.00  |
| (b) SUBTOTAL of Unitemized Independent Expenditures   |   |
| (c) TOTAL Independent Expenditures  | 42958.00  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |   |
| May Jennifer  [Electronically Filed] Date   | 02  |
| Signature   |   |